



**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813  
or P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: (808) 587-0460 FAX: (808) 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)  
Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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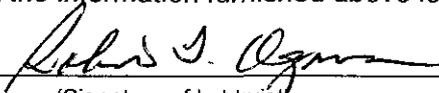
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**LOBBYIST REGISTRATION FORM** STATE OF HAWAII  
(Type or Print Clearly) STATE ETHICS COMMISSION

|                                                                                                                 |         |            |                            |
|-----------------------------------------------------------------------------------------------------------------|---------|------------|----------------------------|
| <b>PART I LOBBYIST</b>                                                                                          |         |            |                            |
| NAME (Last)                                                                                                     | (First) | (Middle)   | TELEPHONE                  |
| Robert                                                                                                          | Ogawa   | T.         | 521-4265                   |
| MAILING ADDRESS (Street)                                                                                        |         |            | FAX 545-8369               |
| 1188 Bishop Street, Suite 3105                                                                                  |         |            | EMAIL<br>bob.ogawa@att.net |
| (City)                                                                                                          | (State) | (Zip Code) |                            |
| Honolulu                                                                                                        | Hawaii  | 96813      |                            |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) |         |            | TELEPHONE                  |
|                                                                                                                 |         |            |                            |
| MAILING ADDRESS (Street)                                                                                        |         |            | FAX                        |
|                                                                                                                 |         |            | EMAIL                      |
| (City)                                                                                                          | (State) | (Zip Code) |                            |

|                                                                                |         |            |           |
|--------------------------------------------------------------------------------|---------|------------|-----------|
| <b>PART II ORGANIZATION</b>                                                    |         |            |           |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)                         |         |            | TELEPHONE |
| Hawaii Association of Nurse Anesthetists                                       |         |            |           |
| MAILING ADDRESS (Street)                                                       |         |            | FAX       |
| All contact information same as above                                          |         |            | EMAIL     |
| (City)                                                                         | (State) | (Zip Code) |           |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT |         |            | TELEPHONE |
| Robert T. Ogawa                                                                |         |            |           |
| MAILING ADDRESS (Street)                                                       |         |            | FAX       |
| All contact information same as above                                          |         |            | EMAIL     |
| (City)                                                                         | (State) | (Zip Code) |           |

| PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY    |                                                                    |                                                                             |                                                                     |
|--------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                                 | <input checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs                          | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input checked="" type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                                   | <input type="checkbox"/> Public Safety & Corrections                        | _____                                                               |

| PART IV CERTIFICATION OF LOBBYIST                                                                                   |                  |
|---------------------------------------------------------------------------------------------------------------------|------------------|
| <i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i> |                  |
| <br>(Signature of Lobbyist)        | 1/6/13<br>(Date) |

| PART V AUTHORIZATION TO LOBBY                                                                                                                   |                                                    |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------|
| NAME                                                                                                                                            | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |            |
| Samuel Dixon                                                                                                                                    | President                                          |            |
| NAME OF ORGANIZATION (if applicable)                                                                                                            | TELEPHONE                                          |            |
| Hawaii Association of Nurse Anesthetists                                                                                                        | 225-3540                                           |            |
| MAILING ADDRESS (Street)                                                                                                                        | FAX                                                |            |
| All contact information same as above                                                                                                           |                                                    |            |
| (City)                                                                                                                                          | (State)                                            | (Zip Code) |
| Kapolei                                                                                                                                         | Hawaii                                             | 96707      |
| <i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>                               |                                                    |            |
| <br>(Signature of Authorizing Officer or Person Represented) | 1/8/2013<br>(Date)                                 |            |